Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee.

Amendment	
Yes Yes	No No

This form must be accompanied by forms CRO-3100 and C	CRO-3500 (when amending	g, only re-submit if applicable).	
1, Committee Information			
a. Full Name		c. ID Number	
Brenda Faue MEMillian b. Malling Address (include City, State and Zip Code)			
o. Maning Address (inciguarcity, State and Zip Code)		d. Date Organized	
P.O.BOX 457 Winnabow N.C. 28479	P	e. Phone Number	
William Jrues So 177		1-910-232-574	
2. Candidate Information	Car	ndidate's Primary Committee	
. Full Name	e. Candidate ID Number	f. Party Affiliation	
Brenda Faye McMillian D. Mailing Address (include City State, and Zip Code)		Democra +	
. Maning Address (include Chy, State, and Zip Code)	g. Office Sought		
P.O. Box 457, Winnabor	1 CON 11/19716	oner	
G. Elligit Address	h. Next Election Year	i. Jurisdiction	
1910-232-5060 pucapsecartanc not	2016		
. Treasurer Information	4. Custodian of Books I	nformation	
Full Name	a. Full Name		
Brenda Faye ME Millian Mailing Address (include City, State, and Zip Code)	Brenda Pa b. Mailing Address (include (ity, State, and Zip Code)	
1.0. Box 451 Winnabow N.C. 28479	P.O. BOX Winnabor	457 DNC. 28479	
Phone Number d. Exfall Address 1910333-5350 pucapsee 6 ntmanet	c. Phone Number d. Em	all Address	
	☐ Email copy of noti	oucapsee watme ne	
5. Assistant Treasurer Information Add 6. Account Info			
Full Name Remove	a. Financial Institution Full N		
	BAST		
Mailing Address (include City, State, and Zip Code)	b. Purpose		
	Campaign	Committee	
Phone Number d. Email Address	c. Account Code d. Typ	Commissioner	
☐ Email copy of notices	1515 1	hecking	
ERTIFICATION	101014	1ECRITY	
I certify that the Committee or Fund is in compliance with a Chapter 163 of the NC General Statutes and that no funds at I further certify that this report is complete, true and correct.	re commingled with prohib	Article 22A, 22B & 22D-22M of bited or other non-disclosed funds.	
Brenda Faire M2Millan Brend Printed Name of Signer Sign	da Jago MEMI ature of Appointed Treasurer	Olian 12-21-15 Date	

North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

Treasurer Phone: | Brenda Faye | M=M'/|an | | B

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

12-21-15 Date Signed Bronda Laye M. Melleon Signature of Candidate



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Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

are meu.	
FILED BY:	
Committee Name:	Campaign to Elect Brenda MEMIL's
Treasurer Name:	Brenda Faye Mª Millian
Treasurer Address:	P.O. BOX 457
(include city, state, & zip)	Winnabow. N.C. 28979
Treasurer Phone:	1-910-232-5060
election cycle under the prountil the end of the election expenditures during this ele of elections and file required THIS DECLARATION CALL	mittee intends to neither receive nor expend more than \$1,000 during the current occdures set forth in G.S. 163-278.10A. This certification will remain in effect cycle for this committee. If this committee exceeds \$1,000 in contributions or oction cycle, I understand that I must immediately notify the appropriate board is campaign finance reports. N ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE. Certification to remain at or under the \$1,000 threshold. I will now be required report for all contributions and expenditures that have not been previously of the current election cycle. I further agree to file all future reports required.
12 01 11	1 Di 1 1 VI Sum
Date Signed	Gorda Toep Mc Millan